

## **THE HABSBURG SANITARY REFORM IN TRANSYLVANIA AND ITS ROLE IN MODERNIZING THE HEALTH SYSTEM. CASE STUDY: BISTRIȚA REGION**

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### **ABSTRACT**

*IN THE SECOND HALF OF THE EIGHTEENTH CENTURY THE REGION OF BISTRIȚA AS THE REST OF TRANSYLVANIA EXPERIENCED A HEALTH REFORM IMPOSED BY THE HABSBURGS THROUGHOUT THE EMPIRE. FROM THAT MOMENT ON, THE MEDICAL PERSONNEL FROM THE BISTRITA DISTRICT WAS FORCED TO COOPERATE WITH THE MEDICAL PERSONNEL OF THE NEW ROMANIAN SECOND REGIMENT BASED IN NASAUD AND ESTABLISHED IN 1862. THE BIGGEST FIGHT THEY HAVE FOUGHT WAS AN ANTI-EPIDEMIC ONE, THE FIRST OBJECTIVE WAS TO STOP THE EXPANSION OF INFECTIOUS DISEASES WHICH WERE CONSIDERED TO HAVE COME FROM THE EAST. LIMITED BY LAWS AND ORDINANCES ISSUED BY THE HEALTH COMMISSION OF VIENNA, THE SANITARY PERSONNEL DEVELOPED, TURNING IN TO A WELL EDUCATED GROUP, WHICH HAD AS THEIR MAIN PURPOSE THE MAINTENANCE OF THE COLLECTIVE HEALTH TO A HIGH LEVEL. THE FIGHT WAS NOT EASY, SCIENTIFIC MEDICINE WAS IN ITS BEGINNINGS, MEDICATIONS WERE FEW AND SUPERSTITION AND IGNORANCE WERE DEEPLY ROOTED IN THE COLLECTIVE MIND.*

**KEYWORDS:** *SANITARY REFORM, ORDINANCE, EPIDEMIC, QUARANTINE, PLAGUE, VACCINE, CHOLERA*

*As for science if we keep it to linger in ourselves and we don't share it to the public to know it and to be of use to them? (Nyulas Ferenc, Transylvanian protomedicus)*

### **Introduction**

At the beginning of the eighteenth century Transylvania was hit by epidemics every time the population was involved in a military action, was suffering of famine, climatic changes were present or masses of people moved around. The first place in the virulent

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pandemic classification was occupied by far by the plague “great figure in the history of the old days”<sup>2</sup>, followed closely by typhus, syphilis, smallpox, malaria and others. These meant a huge demographic scourge, but mostly the “annihilation of human connection between parents and children, men and women and any kind of social interaction between cities, lands and villages”<sup>3</sup>.

Measurements taken against the pandemics by local authorities and the few initial doctors did not have the desired results until the Empires throne was occupied by Maria Theresa, who began to reform the imperial healthcare system by imposing general health measures for all provinces. These changes brought to the Transylvanian borders the military guard (permanent quarantine zones) in order to prevent and limit the spread of diseases, which were thought to have come from the Orient (especially the plague). The next step was the implementation of two important health care laws: *Planum regulationis in re sanitas* in 1755 and *Generale normativum in re sanitas* in September of 1770. These regulated and controlled the training and practice in the medical field<sup>4</sup>. These laws established a sanitary administration pyramid formed by the Supreme Sanitary Commission in Vienna headed by a *protomedicus* with departments in all provinces, led in turn by *physici* with university degrees<sup>5</sup>.

The Transylvanian sanitary commission, already in existence, was organized in the first half of the century by local government (Transylvanian Gubernium), and in accordance with the new laws put under the supervision of the Sanitary Commission in Vienna. At the head of the commission was a *protomedicus*, who viewed over the local sanitary commissions, led in turn by a *physic circulatorul*. The main task of the *protomedicus* was to advise all the medical staff from Transylvania and to lead the fight against the epidemics<sup>6</sup>. The regional *Physicii* had the same duties locally as a *protomedicus*, furthermore they had to visit the rural population, check the pharmacies

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<sup>2</sup> Jean Delumeau, *Frica în Occident (secolele XIV-XVIII). O cetate asediată*, vol. II (București: Meridiane, 1986), 168.

<sup>3</sup> Erna Levsky, “Frontul Austria împotriva ciumei la granița cezaro-crăiască”, in *Din istoria luptei antiepidemice în România*, ed. Gheorghe Brătescu (București: Medicală, 1972), 95.

<sup>4</sup> Valeriu Bologa, Samuil Izsák, “Medicina în Ardeal în timpul feudalismului”, in *Contribuții la istoria medicinei în R.P.R.*, ed. Valeriu Bologa (București: Medicală, 1955), 154-155.

<sup>5</sup> Teodora Daniela Sechel, “The Emergence of the Medical Profession in Transylvania” in *Cultural dimensions of elite formation in Transylvania (1770–1950)*, ed. Victor Karady și Borbáta Zsuzsanna Török (Cluj-Napoca: Ethnocultural Diversity Resource Center Foundation, 2008), 100.

<sup>6</sup> Valeriu Bologa et al., *Istoria medicinei românești* (București: Medicală, 1972), 164.

from their land, fight against fake doctors (quackery), perform autopsies, hold mineral water analysis on their land and give free medical care to the poor.<sup>7</sup>

The health reform also led to the birth of the first medical school in Transylvania, in 1775 the University of Cluj was born, converted shortly afterward in *Lyceum regium* having a medical and surgical school.<sup>8</sup> All physicians had to hold a degree from a university in the empire and the surgeons had to attend courses at the school in Cluj for two years, after which they became magister in surgery. Midwives were required to follow the courses of the midwifery at Cluj or Sibiu, but for a long time the empirical ones were accepted also.<sup>9</sup>

All of these, in addition with professional scientific publications translated by the Commission in the populations languages (German, Hungarian and Romanian), meant the beginning of a modern world healthcare system. Nonetheless scientists had to struggle with the prejudices and ignorance specific to that time and space. Changes have had an important role in the disappearance of plague epidemics in Transylvania by isolating the disease and tracking the sources of infection. Accordingly the medical staff was educated in the West, specializing in medicine at a scientific level, with a different overview on the population's health.

In the present paper I want to analyze the progress made in the healthcare system in the Bistrița region, more precisely in Bistrița District and Rodna District, where since the 16<sup>th</sup> century a health guild has been present, namely a barber-surgeon guild, renowned both locally and abroad in Moldova.

The region presents a high interest because two sanitary groups were present here, on the one hand the Transylvanian Saxons medical unit, and on the other hand the medical-sanitary service of the military border guards. Bistrița, with Brașov were the only cities that had a military guard close by. My analysis is based on a series of documents from the archives of Bistrița and some unique documents and a series of ordinances with sanitary interests published in the "Someș Archives ". My view is that the implementation of the healthcare reform, locally was the first step towards a general involvement of specialists and ordinary people in the fight for health.

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<sup>7</sup> Bologa et al., *Istoria medicinei*, 164.

<sup>8</sup> Valeriu Bologa, *Contribuții la istoria medicinei din Ardeal* (Cluj: Institutul de Arte grafice „Ardealul”, 1927), 15.

<sup>9</sup> Samuil Izsák, *Din trecutul legăturilor medicale româno-maghiare* (București: Medicală, 1956), 24.

## Medical device in the Bistrița region

Bistrița district administrated the Rodna district until 1762, when the latter became the Military District of Rodna because most of the population in the 44 villages formed the Romanian Border Regiment II based in Năsăud, meaning that they joined the regiments which formed the border military cordon of the empire. In this regiment arose a military health services with the main purpose of epidemiological surveillance of the territory, providing health care services in peacetime and war, and applying all the Habsburg health laws to all rural districts<sup>10</sup>. Until then, health, in Romanian villages was dealt by the barber-surgeon guild<sup>11</sup> members from Bistrița against very high tariffs defined by them.

The regiment's doctor was the superior of all the medical staff in the district, which after a period of development meant: two high ranking doctors and six lower ranking doctors, plus medical assistants and midwives (battalion and campaign midwives)<sup>12</sup>. Initially the majority of health care works were foreign, composed of surgeons and under-surgeons from different provinces of the Empire. In 1765, the Năsăud regiment had as chief physician a Viennese surgeon, Dominicus Rueff, who had as help Mathias Hermann and Clara Payering (all of Catholic religion). In Rodna at battalion level, acting as surgeon was Ignatius Gollibal, and in the entire regiment there were three more under-surgeons (*Subchirurgus*, *Unter-Arzt*), Franciscus Lorenzer in Năsăud, Joannes Schebel at the Company constituency and Feldruși Josehus Sutta at the Zagra Company constituency.<sup>13</sup>

In 1796 it was decided to grant the admission of 12 young people from across the militarized border, between those who have completed secondary school, to the Iosefin Academy where they received medical training so that they could return and serve as military doctors at the border<sup>14</sup>. It was sought the formation of medical personnel of local origin because they were much closer to the local population, there would not have been a

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<sup>10</sup> Mircea Gelu Buta, Magda Pupeză, "Aspecte ale asistenței medico-sanitare, din ținutul Năsăudului în timpul regimentului de graniță (1762-1851)", *File de Istorie* 3 (1974): 147.

<sup>11</sup> Genot Nussbächer, "Documente și știri documentare privind breasla bărbierilor din Sighișoara în secolul al XVI-lea", in *Din tradițiile medicinei și ale educației sanitare*, ed. Gheorghe Brătescu (București: Medicală, 1978), 29.

<sup>12</sup> Teodor Ghițan, "Istoricul spitalelor din Bistrița. Spitale, azile de bătrâni și lazarete în Bistrița medievală (1291-1848/49)" *Clujul Medical* 1 (1972): 206.

<sup>13</sup> Virgil Șotropa, "Ofițerii și subofițerii regimentului năsăudean în 1765, 1766, 1771", *Arhiva Someșană* 21(1937): 499- 503.

<sup>14</sup> Valeriu Șotropa, *Districtul Grăniceresc Năsăudean și locul său în lupta pentru progres social și libertate națională a românilor din Transilvania* (Cluj-Napoca: Dacia, 1975), 188.

barrier in local language and they could easily combat the local superstitions having knowledge of them. A Romanian commoner could not afford to send his child to study abroad because they were very expensive, therefore the only existing doctors in the region at the time were Transylvanian Saxons and Hungarians.

In the regiment also arose a sanitary service guard at the militarized border. The permanent quarantine at the border was already formed in 1740, as a result of a decree of Maria Theresa, but it was not effective because it was made by a low number of troops guarding the frontier and the medical staff from the quarantine points were missing.

In the Bistrița region the guard at the border was made by frontier guards helped by a group of representatives from local government, as of the 18<sup>th</sup> of October 1759, when the magistrate received an ordinance from the local government (which required guarding the border with Moldova)<sup>15</sup>. Quarantine points were organized in Bistrița, outside the city walls, at Bârgău, Rodna and Telciu<sup>16</sup>. But these were mere shacks in which all who had crossed the border had to stay for 84 days and pay a fee of disinfection to receive a health certificate. After the birth of Border Regiment II, on January 9, 1764, the Bistrița magistrate was informed that the border guard and quarantine must not longer be made by guards helped by local officials because it was assigned the border guards<sup>17</sup>. Since then the quarantine offices called: resorts, quarantine institutions or simply quarantine, became a parallel network with the cordon belt to the border which itself was formed by a chain of pickets, designed to stop illegal border crossings<sup>18</sup>.

The quarantine offices had medical personnel and the pickets were operated by frontier guards directed by officers. Each office was headed by a quarantine manager, medical officer "named by preference from one of the old military physicians with more experience". Furthermore there was also present a chaplain, who in addition dealt with the education at elementary school level for the children of the quarantine staff. Besides them at the stations there were present two more persons charged with the supervision of goods and service staff who deals with disinfection<sup>19</sup>

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<sup>15</sup> *Ordinance*, National Archives, Romania, District of Cluj, Fond Bistrița, Subgroup II a, Fascicle 6, Sheet 36, 46.

<sup>16</sup> *Ordinance*, National Archives, Romania, District of Cluj, Fond Bistrița, Subgroup II a, Fascicle 27, year 1759.

<sup>17</sup> *Ordinance*, National Archives, Romania, District of Cluj, Fond Bistrița, Subgroup II a, Fascicle 6, Sheet, 55.

<sup>18</sup> Șotropa, Districtul Grăniceresc, 189-190.

<sup>19</sup> Șotropa, Districtul Grăniceresc, 190.

Periodically the border officers had to draw up reports on emerging health problems and send them to the Sibiu Health Commission<sup>20</sup>. Within this Commission a worker was appointed who had the duty to periodically inspect the quarantine offices.

The new sanitary cordon was very important for the health of the local population, from the Rodna District and the Bistrița District and also for other close regions. The last big outbreak of plague in Transylvania took place in 1841 to 1843, after which the security at the border was tightened. Even if the contagion took many victims in Moldova it could not spread between the locals only at times (up to the end of the 18<sup>th</sup> century) in the form of isolated cases. The cordon guard from the Rodna area became more efficient over time and increased the number of officers depending on the border epidemic risk. If in the beginning the guard was provided by 78 people, changed every 14 days, divided into 26 pickets, with the passage of time pickets were strengthened and the number of quarantine stations increased<sup>21</sup>. Special buildings were constructed with areas for passengers suffering from infectious diseases, separate spaces for healthy travelers and special rooms for healthcare professionals. In 1784, the guard was provided by 4 officers, 42 non-commissioned officers and 174 soldiers<sup>22</sup>, in 1817 it was provided by 403 persons<sup>23</sup> and in 1831 a flock of 512 people<sup>24</sup>.

The Saxon district of Bistrița had in turn a health service pursuant to the *Generale Normativum* law. When the magistrate asked the governor of Transylvania for an exact situation of the healthcare staff, pharmacists and midwives in the area (in 1772), the mayor made and immediately sent a table from which the whole structure of the local health Office could be deciphered. At that time the following staff were operating: doctor *Johann de Schankebank*, MD, chief of the district, doctor *Carl Friedrich Rhumbaum*, Bistrița city's physician. Beside these two doctors there were two barber-surgeons who worked at the Bistrița city hospital (which was functioning as a hospital from the sixteenth century, after originally being a monastic asylum since the thirteenth century), namely *Daniel Dinger* and *Mihaill Nossner*. At the "Vulturul Negru" pharmacy there were two pharmacists

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<sup>20</sup> Vasile Bichigean, "Statutul grăniceresc", Arhiva Someșană 8 (1928): 85.

<sup>21</sup> *Ordinance*, National Archives, Romania, District of Cluj, Fond Bistrița, Subgroup II a, Fascicle 311, Sheet 225.

<sup>22</sup> Ioan Rusu, "Câteva date privind vechea organizare administrativă și judecătorească a unor teritorii din județul Bistrița-Năsăud", *File de Istorie* 1 (1971): 134.

<sup>23</sup> Gustav Ritter Amon von Treuenfest, *Gheschihte des K. K. Infanteries-Regimentes nr. 50...1762 bis 1850 Zweites Siebenbürger Romanen-Grenz-Infanterie-Regiment nr.17* (Wien: Das Regiment, 1882), 180.

<sup>24</sup> Amon von Treuenfest, *Gheschihte des K. K. Infanteries-Regimentes*, 180-181.

exercising their profession: *Daniel Carl* and *Daniel Langsfeld*. The medical staff were trained in medical schools, the chief had a degree from the Faculty of Halle, the physician studied at the surgical collage in Görlitz and the barber-surgeons and pharmacists learned their profession in various guilds in Transylvania and Hungary. Midwives who have attended obstetric courses did not yet exist in the area, instead there were the empirical ones who worked in rural areas<sup>25</sup>.

Barber-surgeons with their practice done in a guild were still permitted, until the rouse of the school in Cluj. But after that time such guilds disappeared and locally just civilian surgeons who had the required courses were allowed to practice. The staff described may not seem enough today for the whole population from a district but for those times, one or two professional healthcare personnel in the region meant a lot. In addition, the healthcare staff in the Bistrița District was intersecting with the staff from Rodna District, therefore for the first time competition started to play a role which raised the level of medical services offered. The frontier guards and their families were treated by the sanitary staff of the military, but in the enrolling villages there were also civilian population present, which should have been theoretically treated by the Bistrița sanitary staff. Since they did not comply with the ordinance stating that poor people benefited from free healthcare, they were lost to military doctors who treated them for amounts lower than those practiced in Bistrița. Because of this, over time surgeons from Bistrița complained several times to the magistrate or even to the sanitary Commission<sup>26</sup>. Over time the medical staff from Bistrița increased in numbers, midwives became specialized, and the city gained another private pharmacy (1772). Existing drugs have started to be more easily available, and the prices were set by the health Commission, drugs for syphilis, tuberculosis and scurvy had to be provided free of charge for the population without financial means.

### **The fight to stop infectious and non-infectious diseases**

The main work that the healthcare system was submitted to in the 18<sup>th</sup> century was the halting of plague epidemics. Even if they were no longer present widely in

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<sup>25</sup> Teodor Ghițan, C Suci, "Din trecutul medical al Bistriței", in *Istoria medicinei. Studii și cercetări*, ed. G. Barbu et al. (București: Medicală, 1957), 328-329.

<sup>26</sup> Ghițan, *Istoricul spitalelor din Bistrița medievală*, 207.

Transylvania, a few isolated cases were reported, and their persistent presence in Moldova put the border guard authorities always on alert. In times when the epidemic was virulent and close to the Bistrița area, the city *pysic* had to work closely with the security quarantine directory of the guard cordon and with the head doctor of the regiment to be able to take the best decisions to prevent the extension of the plague to Transylvania<sup>27</sup>.

In the city of Bistrița if there were cases of illness, they immediately opened special wings in the city hospital or in more isolated places such as on the Budacului hill towards the Codrișorului forest<sup>28</sup>. Because really effective medication for the disease was not known, the emphasis was on isolating the patients and preventing the expansion of the epidemic to the general population.

To make the causes of plague known, hygiene and security measures which could be taken against its expansion and punishments for people who did not act in accordance with the border guard healthcare laws<sup>29</sup>, priests received a number of brochures and books that they had to read in church on Sundays and holidays. Through a series of ordinances people were asked to bury their dead outside the town's limit, 48 hours after death and that the coffins to be closed up since the removal from the house. The common man was asked to give up the habit of kissing the dead and to inform health professionals of every death in the family, so that the bodies could be checked for signs of plague<sup>30</sup>.

When a new episode of virulent plague occurred in Moldova, the Bistrița region was receiving instructions to keep the entire population under surveillance. In the city there were groups forming of health workers and members of the administration who walked from house to house to check if anybody showed signs of the disease. In the militarised region, locals were trained "the hosts of the villages" to verify 20 houses each, and if a case of death caused by the plague was reported, they were forced to burn all the belongings of the dead, to isolate their families into camps and to close down the city so that the microbe could not disperse elsewhere<sup>31</sup>.

People crossing the border without staying at the quarantine points for as long as needed, could be punished by corporal punishment or by directly being shoot.

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<sup>27</sup> *Ordinance*, National Archives, Romania, District of Cluj, Fond Bistrița, Subgroup II a, Sheet F. 71.

<sup>28</sup> Ghițan, *Istoricul spitalelor din Bistrița medievală*, 203-204.

<sup>29</sup> Gheorghe Brătescu, *Grija pentru sănătate. Primele tipărituri de interes medical în limba română (1581-1820)* (București: Medicală, 1988), 35-42.

<sup>30</sup> Iulian Marțian, "Documente bisericești", *Arhiva Someșană* 7(1927): 62-65.

<sup>31</sup> Iulian Marțian, "Documente bisericești", *Arhiva Someșană* 9(1928): 126.



The interval imposed for the isolation of people (with all their livestock and goods) in quarantine stations also knew changes in time. Originally passengers were kept at the border, 84 days in case of epidemic, 42 days on suspicion and 28 days in the remaining time. Disinfection meant bathing the body, cleaning and pest management for people and their garments and only ventilation for the trader's commodities<sup>32</sup>. The disinfection was done for a fee called *purification fee*, which was put into a special fund for the whole of Transylvania, called "Disinfection Fund"<sup>33</sup>. Dr. Adam Chenot the protomedic of Transylvania from 1764, reformed the quarantine system and refuted the argument that plague contagions expanded by air. He believed that the plague was transmitted directly from one sick person to another and indirectly through infected linen garments of those touched by the disease. Thus he demonstrated that in case of a pandemic the incubation period was within 4-5 days, therefore a ten-day quarantine in case of suspicion was sufficient, and in quiet periods the free movement of passengers and goods could be allowed<sup>34</sup>. Originally his theories were rejected by physicians at the Faculty of Medicine of Vienna, only in the "Norm of 1785" were included major reforms proposed by Chenot. Since then the professional staff from the quarantine Romanian Border Regiment II, held in quarantine the travelers for a period between 20 and 40 days and disinfection began to be made by washing (with running water or water mixed with lye or ashes), smoking with brimstone and cleaning fur using a sponge<sup>35</sup>.

In addition to the fight against the plague, an attempt was made to educate the population in the area so as not to fall victim to diseases caused by lack of food. The poorest Romanian population from the Rodna region, often got sick of scurvy, a disease caused by the lack of vitamin C in the body. During periods when summers were dry, in the winters they had a great lack of food and especially cabbage (about the only green food they consumed), and by spring time along with Easter post, their bodies surrendered. Ferenc Nyulas protomedic of Transylvania recommended to be consumed against scurvy: "all weeds, but the poisonous ones, and the most important medicine are herbs". He was also the one who pointed out to the population of Rodna to consume

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<sup>32</sup> Paul Cernovodeanu, Paul Binder, *Cavalerii Apocalipsului* (București: Silex, 1993), 163.

<sup>33</sup> J. H. Benigni von Mildenberg, *Statischliche Skizze der Siebenbürgische Militär-Gränze* (Hermannstadt, 1834), 123.

<sup>34</sup> Iosif Spielmann, "Reforma chenotiană a sistemului austriac de carantină", in *Din istoria luptei antiepidemice în România. Studii și note*, ed. Gheorghe Brătescu (București: Medicală, 1972), 117.

<sup>35</sup> Benigni von Mildenberg, *Statischliche Skizze*, 123-127.

mineral water containing iron, which was in the area as a remedy against sanguine diarrhea caused by scurvy<sup>36</sup>.

In times of famine like the one of 1817, it was requested that people waive the meatless post, priest having to tell the common man in the church that in times of great shortage of food they had "to eat what he has just as he did in 1786, when many died of famine"<sup>37</sup>.

Ferenc Nyulas also observed a women's issue in the region and specifically endemic goiter, which he put on the absence or presence of harmful elements in the drinking water. The subject was taken up and discussed by another enlightenment doctor V. Popp, who emphasized even more the idea of drinking water with harmful elements in the area. He insisted in repeated memos about the threat that demographic and genetic goiter could produce, for which measurements by the "health police" would be needed<sup>38</sup>.

After the deaths caused by plague ceased in Transylvania, and hence in the Bistrița area, smallpox became a not negligible problem. Children were dying in large numbers in the early years of life or remained with their faces disfigured by traces caused by pox. As a result during the period of 1804-1814 the Transylvanian Health Commission started the vaccination for pox. In the border guard Romanian Regiment II, priests were yet again involved in the process of struggling with the disease, they had to read different brochures about pox to the population and they especially had to support the vaccination process and explain its benefits. To make parents bring their children to be vaccinated, the priests were no longer allowed to officiate the funeral services to children who died without being vaccinated, or marry young people who could not prove that they were vaccinated<sup>39</sup>. Teachers have been trained to recognize the symptoms of scarlet fever, and once a student with signs of the infectious disease was discovered, they had to get them home, sit them in a warm place and notify the local health authorities about the case<sup>40</sup>.

Still the biggest battle they had to forego was with the new epidemic that was occurring, namely with cholera. Because the information held about it was few and the

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<sup>36</sup> Iosif Spilmann, "Un savant ardelean din secolul al XVIII-lea, Nyulas Ferenc", în *Istoria Medicinii, Studii și Cercetări*, ed. G. Barbu, G. Brătescu, G. Manoliu (București: Medicală, 1957), 116-117.

<sup>37</sup> Ștefan Buzilă, "Documente bisericesti", *Arhiva Someșană* 15 (1931): 26.

<sup>38</sup> Iosif Spilmann, "Activitatea educativ-sanitară a medicilor iluminiști din Transilvania în secolul al XVIII-lea și la începutul celui următor", in *Din tradițiile medicinei și ale educației sanitare*, ed. Gheorghe Brătescu (București: Medicală, 1978), 131.

<sup>39</sup> Marțian, *Documente bisericesti* 9 (1928): 126.

<sup>40</sup> Ștefan Buzilă, "Documente bisericesti", *Arhiva Someșană* 18(1936): 413.

incubation period was different than the plague's, the instructions for the border guard were not very helpful, and the disease affect the population from 1831 to 1835<sup>41</sup> and then in 1848-1849<sup>42</sup>. After a period the cholera has appeared again, but was eradicated much easier in just a few months with a new team of doctors, who have had time to familiarize themselves with the symptoms and how the disease spreads.

### **Conclusions**

Although the Romanian Border Regiment II was abolished in 1851 and with it the military medical service as well, the struggle for human healthcare continued in the Bistrița region. The education supported by the regiment's funds, led to the emergence of Romanian doctors that were grouped in a Romanian health service, the first of its kind in Transylvania. They continued the fight against cholera and had not to be ignored results, obtained in times when people in Bistrița were hit again by pestilence.

The healthcare reform has left a larger number of specialized medical personnel, led to the disappearance of guilds of barbers and paved the way to scientific medicine. Local doctors began to come into contact with the literature of the West through translations and started the battle against local empiricism and superstition. The local common population learned more or less the role of hygiene in keeping the health and the varied diet through acclimatized plants. They opened new pharmacies and were popularized the role of spas in maintaining healthy.

Not the entire populations left aside their old habits and understood the role of each individual to a healthier community, but the laws and penalties imposed related to noncompliance were required to start a modernized sanitary system.

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<sup>41</sup> Teodor Ghițan, "Istoricul spitalelor bistrițene în perioada burgheză (1848/49-1918)", Clujul Medical 2 (1972): 604.

<sup>42</sup> Gheorghe Brătescu, Paul Cernovodeanu, Biciul holerei pe pământ românesc ( București: Academiei Române 2002), 178.

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